MED 21 (Rev. 07/02)



SUN-SHADING REMOVAL CERTIFICATION

PLEASE PRINT OR TYPE			FOR DMV USE ONLY	LOG #	
Vehicle Owner's Name Last First Mid		dle	Daytime Telep	hone Number	
Residence/Home Address		City	City or County of Residence		
If you change either your residence/home address or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.					
City		State	Zip Code	Zip Code	
Mailing Address					
Oire		Charles Tip Code			
City		State	Zip Code	Zip Code	
Social Security Number (optional)		Sex	Birth Date		
Social Security Number (optional)		OGX	Birtir Bate	Bitti Bate	
This information is for DMV's record-keeping purposes and may be released in accordance with Va. Code §46.2-208. Your					
social security number is not required; however, providing the number will help us identify your record.					
VEHICLE INFORMATION					
Year Make		Model			
Vehicle ID Number			License Plate Number		
I certify that the sun-shading material has been removed from this vehicle.					
Vehicle Owner's Signature			Date		
SUN-SHADING REMOVAL INFORMATION					
Name of Business (Please print)	Name of Persor	i wno Rem	noved Sun-Shading (Please print)		
Business Address					
Dusilless Address					
City		State	Zip Code		
I certify that the sun-shading material has been removed from this vehicle described above.					
Signature of Sun-Shading Remover	Title			Date	
K van have mostlere and at any					
If you have questions, contact our customer service representative	THIS COMPLETED CERTIFICATION SHOULD BE				
1-866-DMV-LINE (Voice)	SUBMITTED TO A DMV CUSTOMER SERVICE CENTER. DMV WILL ISSUE A NEW REGISTRATION CARD WITHOUT THE "SUNSHADING " NOTATION.				
1-866-368-5463 or 1-800-435-5137					
1-800-272-9268 (Deaf or Hearing Impaired Only)					